

Attorney Docket No. 015280-287100US
DHHS Ref. No. E-132-96/0

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **AN IMMUNOTOXIN (mAB-RICIN) FOR THE TREATMENT OF FOCAL MOVEMENT DISORDERS** the specification of which is attached hereto or X was filed on September 15, 1997 as Application No. 08/937,266 and was amended on (if applicable).

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Country	Application No.	Date of Filing	Priority Claimed Under 35 USC 119	
			Yes	No
			Yes	No

I hereby claim the benefit under Title 35, United States Code § 119(c) of any United States provisional application(s) listed below:

Application No.	Filing Date
60/027,458	September 19, 1996

I claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application No.	Date of Filing	Status		
		Patented	Pending	Abandoned
		Patented	Pending	Abandoned
		Patented	Pending	Abandoned

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) of the Government of the United States of America as represented by the Secretary of the Department of Health and Human Services, Office of Technology Transfer, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Robert Benson, Reg. No. 33,612
Steven M. Ferguson, Reg. No. 38,448
James C. Haight, Reg. No. 25,583
Cindy K. Fuchs, Reg. No. 38,144
John P. Kim, Reg. No. 38,514

Gloria H. Richmond, Reg. No. 30,416
Susan S. Rucker, Reg. No. 35,762
David R. Sadowski, Reg. No. 32,308
Jack Spiegel, Reg. No. 34,477

Attorney Docket No. 015280-287100US
 DHHS Ref No. E-132-96/0

Send Correspondence to Appointed Associate Attorney or Agent Address: Kenneth A. Weber TOWNSEND and TOWNSEND and CREW LLP Two Embarcadero Center, 8th Floor San Francisco, CA 94111-3834	Direct Telephone Calls and Facsimiles to Appointed Associate Attorney or Agent: Name: Kenneth A. Weber Reg. No. 31,677 Telephone: (415) 576-0200 Fax: (415) 576-0300
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Full Name of Inventor 1	Last Name Hott	First Name Jonathan	Middle Name or Initial S.	
Residence & Citizenship	City Birmingham	State/Foreign Country Missouri MICHIGAN	Country of Citizenship U.S.A.	
Post Office Address	Post Office Address 1845 Yosemite, Apt. #16	City Birmingham	State/Country Missouri Michigan	Zip Code 48009
Full Name of Inventor 2	Last Name Youle	First Name Richard	Middle Name or Initial J.	
Residence & Citizenship	City Bethesda	State/Foreign Country Maryland	Country of Citizenship U.S.A.	
Post Office Address	Post Office Address 10670 Weymouth Street	City Bethesda	State/Country Maryland	Zip Code 20814
Full Name of Inventor 3	Last Name Hallett	First Name Mark	Middle Name or Initial	
Residence & Citizenship	City Bethesda	State/Foreign Country Maryland	Country of Citizenship U.S.A.	
Post Office Address	Post Office Address 5147 Westbard Avenue	City Bethesda	State/Country Maryland	Zip Code 20816
Full Name of Inventor 4	Last Name Dalakas	First Name Marinos	Middle Name or Initial C.	
Residence & Citizenship	City Bethesda	State/Foreign Country Maryland	Country of Citizenship U.S.A.	
Post Office Address	Post Office Address 9301 Reach Road	City Bethesda	State/Country Maryland	Zip Code 20854

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18 of the United States Code, Section 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1 Jonathan S. Hott	Signature of Inventor 2 Richard J. Youle	Signature of Inventor 3 Mark Hallett
Date 3/6/98	Date	Date

Agency Docket No. 015280-287100US
DHHS Ref. No. E-132-96/0

Signature of Inventor 4		
Marinos C. Dalakas		
Date		

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DATA/PA/PTO/DO/ND/MT/1,1

DECLARATION AND POWER OF ATTORNEY

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My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **AN IMMUNOTOXIN (mAB-RICIN) FOR THE TREATMENT OF FOCAL MOVEMENT DISORDERS** the specification of which is attached hereto or X was filed on September 15, 1997 as Application No. 08/937,266 and was amended on (if applicable).

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Application No.	Filing Date
60/027,458	September 19, 1996

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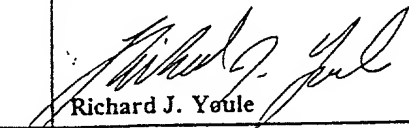

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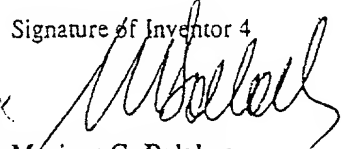
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David R. Sadowski, Reg. No. 32,808
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Send Correspondence to Appointed Associate Attorney or Agent Address: Kenneth A. Weber TOWNSEND and TOWNSEND and CREW LLP Two Embarcadero Center, 8th Floor San Francisco, CA 94111-3834	Direct Telephone Calls and Facsimiles to Appointed Associate Attorney or Agent: Name: Kenneth A. Weber Reg. No. 31,677 Telephone: (415) 576-0200 Fax: (415) 576-0300
--	--

Full Name of Inventor 1	Last Name Hott	First Name Jonathan	Middle Name or Initial S.	
Residence & Citizenship	City Birmingham	State/Foreign Country Missouri	Country of Citizenship U.S.A.	
Post Office Address	Post Office Address 624 Bennaville	City Birmingham	State/Country Missouri	Zip Code 48009
Full Name of Inventor 2	Last Name Youle	First Name Richard	Middle Name or Initial J.	
Residence & Citizenship	City Bethesda	State/Foreign Country Maryland	Country of Citizenship U.S.A.	
Post Office Address	Post Office Address 10670 Weymouth Street	City Bethesda	State/Country Maryland	Zip Code 20814
Full Name of Inventor 3	Last Name Hallett	First Name Mark	Middle Name or Initial 	
Residence & Citizenship	City Bethesda	State/Foreign Country Maryland	Country of Citizenship U.S.A.	
Post Office Address	Post Office Address 5147 Westbard Avenue	City Bethesda	State/Country Maryland	Zip Code 20816
Full Name of Inventor 4	Last Name Dalakas	First Name Marinos	Middle Name or Initial C.	
Residence & Citizenship	City Bethesda	State/Foreign Country Maryland	Country of Citizenship U.S.A.	
Post Office Address	Post Office Address 9301 Reach Road	City Bethesda	State/Country Maryland	Zip Code 20854

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18 of the United States Code, Section 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1 Jonathan S. Hott	Signature of Inventor 2  Richard J. Youle	Signature of Inventor 3  Mark Hallett
Date: X	Date: 2-16-98	Date: 3-5-98

Signature of Inventor 4  Marinos C. Dalakas		
Date X 3-2-98		

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1005542-110704
FOI b7E b7C b7D

CERTIFICATE UNDER 37 C.F.R. § 3.73(b)

Applicant: Jonathan S. Hott, et al.

Application No.: 08/937,266 Filed: September 15, 1997

For: AN IMMUNOTOXIN (mAB-RICIN) FOR THE TREATMENT OF FOCAL MOVEMENT DISORDERS

The Government of the United States of America
as represented by the Secretary of the Department
of Health and Human Services
(Name of Assignee)

, a government agency
(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

certifies that it is the assignee of the entire right, title and interest in the patent application identified above by virtue of either:

A: ☒ An assignment from the inventors of the patent application identified above. The assignment was recorded in the Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

B: ☐ A chain of title from the inventor(s), of the patent application identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

The undersigned has reviewed all the documents in the chain of title of the patent application identified above and, to the best of undersigned's knowledge and belief, title is in the assignee identified above.

The undersigned (whose title is supplied below) is empowered to act on behalf of the assignee.

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true; and further, that these statements are made with the knowledge that willful false statements, and the like so made, are punishable by fine or imprisonment, or both, under Section 1001, Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Date : May 22, 1998

Name : Stephen L. Finley

Title : Technology Licensing Specialist

Signature : Stephen L. Finley

ASSIGNMENT

JOINT

WHEREAS, We, Jonathan S. Hott, Richard J. Youle, Mark Hallett and Marinos C. Dalakas employees of the Department of Health and Human Services at the time the invention was made, have invented (title of invention): **AN IMMUNOTOXIN (mAB-RICIN) FOR THE TREATMENT OF FOCAL MOVEMENT DISORDERS**, for which an application to the Assistant Commissioner for Patents for grant of Letters Patents of the United States of America has been executed by the undersigned

X on (date(s) Declaration signed): March 6, 1998; February 16, 1998;
March 5, 1998; and March 2, 1998

X is identified as U.S. Patent Application:

Serial No. 08/937,266

Filed September 15, 1997; and

WHEREAS, the conditions under which said invention was made are such as to entitle the Government of the United States of America under Paragraph 1(a) of Executive Order 10096, to the entire right, title, and interest herein, both domestic and foreign; and

WHEREAS, the Government of the United States of America is desirous of acquiring all domestic and foreign right, title, and interest in the aforesaid invention described in the aforesaid application for Letters Patent of the United States of America; and

NOW, THEREFORE, to all whom it may concern, be it known that for and in consideration of the premises and other valuable considerations, we the undersigned, have sold, assigned, and transferred and by these presents do sell, assign, and transfer unto The Government of the United States of America as represented by the Secretary of the Department of Health and Human Services (hereinafter THE GOVERNMENT), and his successors, the full and exclusive right, title, and interest throughout the United States of America, its territories and dependencies, and within each and every foreign country in which

THE GOVERNMENT elects to file the invention described in the aforesaid application for Letters Patent of the United States of America, and all Letters Patents and Registrations which may be granted on the same in the United States of America and all countries throughout the world, and to claim the priority from the application as provided by the Paris Convention, or of any division, renewal, continuation in whole or in part, substitution, conversion, reissue, prolongation or extension thereof.

AND, we hereby authorize and request the Assistant Commissioner for Patents to issue said Letters Patent to THE GOVERNMENT as assignee of the entire right, title, and interest in and to the same throughout the United States of America, its territories and dependencies, and within each and every foreign country in which THE GOVERNMENT elects to file, for the sole use for the full term or terms for which said Letters Patent and Registrations may be granted thereon, or of any division, renewal, continuation in whole or in part, substitution, conversion, reissue, prolongation or extension thereof which may be granted as fully and entirely as the same would have been held by us, had this assignment not been made;

AND, we hereby warrant that there are no outstanding assignments, grants, liens, encumbrances, or agreements either written, oral, or implied with respect to the aforesaid application for Letters Patent which will impair, diminish, limit, or abridge the interest herein conveyed at the time of the execution of this instrument by us;

AND, we hereby agree to execute any and all applications for Letters Patent in the United States of America and foreign countries, and to furnish and deliver to the Secretary, Department of Health and Human Services, upon request, all data and documents, and to execute any papers which may be necessary for the prosecution of any application or applications of Letters Patent or for THE GOVERNMENT to exercise its rights granted hereunder, including communicating to THE GOVERNMENT, its representatives or agents, any facts relating to said invention, including evidence for interference purposes, or for other proceedings, whenever requested, to testify in any interference or other proceedings, whenever requested, and to execute and deliver on request all lawful papers required to make any of the foregoing provisions effective, and likewise make these provisions binding upon

our heirs, legal representatives, administrators and assigns, and we shall assist THE GOVERNMENT in every way as may be requested in protecting said invention, provided that any expense of extending such assistance shall be paid by THE GOVERNMENT.

The undersigned hereby grants THE GOVERNMENT or the law firm of Townsend and Townsend and Crew LLP, the power to insert on this Assignment any further identification which may be necessary or desirable in order to comply with the rules of the United States Patent and Trademark Office for recordation of this document.

IN TESTIMONY WHEREOF, Assignors have signed their names on the dates indicated.

Jonathan S. Hott
Jonathan S. Hott

3/9/98
Date

STATE OF Michigan)
COUNTY OF Oakland)

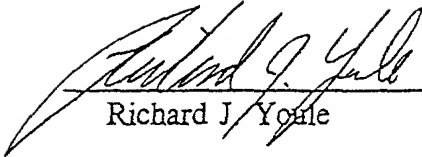
UNITED STATES OF AMERICA

On _____, before me, _____
(here insert name and title of the officer), personally appeared Jonathan S. Hott, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, execute the instrument.

WITNESS my hand and official seal.

Signature _____

(Seal)


Richard J. Youle

5-22-98
Date

STATE OF Maryland)
COUNTY OF Bethesda)

UNITED STATES OF AMERICA

On 22nd May 1998, before me, ANDREA M. RANDE
(here insert name and title of the officer), personally appeared Richard J. Youle, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, execute the instrument.

WITNESS my hand and official seal.

Signature Andrea M. Rander

(Seal)

Mark Hallett
Mark Hallett

6/15/98
Date

STATE OF Maryland)
COUNTY OF Montgomery)
UNITED STATES OF AMERICA

On 6/15/98, before me, MARK HALLETT
(here insert name and title of the officer), personally appeared Mark Hallett, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, execute the instrument.

WITNESS my hand and official seal.

Signature Margaret L. Tomczak

MY COMMISSION EXPIRES
MARCH 1, 1999
MARGARET L. TOMCZAK
NOTARY PUBLIC

(Seal)

Marinos C. Dalakas

11/12/98
Date

STATE OF Maryland)

COUNTY OF Montgomery)

UNITED STATES OF AMERICA

On 11/12/98, before me, MARGARET TOMCZAK
(here insert name and title of the officer), personally appeared Marinos C. Dalakas,
personally known to me (or proved to me on the basis of satisfactory evidence) to be the
person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me
that he/she/they executed the same in his/her/their authorized capacity(ies), and that by
his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which
the person(s) acted, execute the instrument.

WITNESS my hand and official seal.

Signature Margaret Tomczak

(Seal)

MY COMMISSION EXPIRES
MARCH 1, 1999
MARGARET L. TOMCZAK
NOTARY PUBLIC

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